

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006901

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** SOUL FITNESS STUDIO HEALTH & WELLNESS CENTER INC

**Current Principal Place of Business:**

9560-5 LEM TURNER RD  
JACKSONVILLE, FL 32208 US

**New Principal Place of Business:**

1125 CESERY BLVD  
STE 4  
JACKSONVILLE, FL 32211 US

**Current Mailing Address:**

9560-5 LEM TURNER RD  
JACKSONVILLE, FL 32208 US

**New Mailing Address:**

**FEI Number:** 27-3118099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CURRY, JANICE  
9560-5 LEM TURNER RD  
JACKSONVILLE, FL 32208 US

**Name and Address of New Registered Agent:**

CURRY, JANICE  
1125 CESERY BLVD STE 4  
JACKSONVILLE, FL 32211 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JANICE CURRY

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FRENCH, KEIONA  
**Address:** 3690 KIRK PATRICK CIRCLE WEST #6  
**City-St-Zip:** JACKSONVILLE, FL 32210 US

**Title:** VPD  
**Name:** CURRY, JANICE  
**Address:** P.O. BOX 3244  
**City-St-Zip:** JACKSONVILLE, FL 32206 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JANICE CURRY

VP

02/17/2011

Electronic Signature of Signing Officer or Director

Date